Approved for use through 4/30/2003. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number 103-005-CIP Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY OR SMALL ENTITY (Column 1) (Column 2) NUMBER FILED NUMBER EXTRA FOR RATE FEE RATE FEE BASIC FEE **\$.385** (37 CFR 1.16(a)) OR TOTAL CLAIMS 44 x \$_9 24 216 (37 CFR 1.16(c)) minus 20 = OR INDEPENDENT CLAIMS 0 (37 CFR 1.16(b)) 2 minus 20 = x \$ 0 0 X S OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR 601 * If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 1) (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY CLAIMS **HIGHEST** PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-**AMENDMENT EXTRA** AFTER **PREVIOUSLY** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total (37 CFR 1.16(c)) Minus X \$ X \$ OR Minus X \$ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST Ω PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-**EXTRA AFTER** PREVIOUSLY TIONAL **ENDMENT** TIONAL AMENDMENT PAID FOR FEE FEE Total (37 CFR 1.16(c)) Minus OR X S Independent (37 CFR 1.16(b)) Minus X \$ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST O PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-**EXTRA** PREVIOUSLY **AMENDMENT AFTER** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total (37 CFR 1.16(c)) Minus X \$ X \$ OR Minus Independent (37 CFR 1.16(b)) X S OR X \$ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,16(d)) OR TOTAL ADD'L FEE OR ADD'L FEE

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

^{***} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10698 375

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN	
TOTAL CLAIMS			44	44		-		RATE	FEE	7	RATE	FEE
FC)R		NUMBER FILED		NUMB	NUMBER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
TC	OTAL CHARGEA	ABLE CLAIMS	الالإ min	านร 20=	* 21	* 24		X\$ 9=	216	OR	X\$18=	
INE	DEPENDENT C	LAIMS	ي mir	nus 3 =	*	•		X43=		OR	X86=	
ML	JLTIPLE DEPEN	NDENT CLAIM PI	RESENT	ESENT			1	+145=		OR	+290=	
* If	the difference	in column 1 is	less than ze	ero, enter	"0" in c	column 2	L	TOTAL	102	OR	TOTAL	
CLAIMS AS AMENDED - PART II								CHALLE		OD.	OTHER SMALL E	
_	T	(Column 1)		(Colum		(Column 3)	_	SMALL E		OR 1 [SNIALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
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<u>L</u>	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	'ENDEN I	CLAIIVI			+145=		OR	+290=	
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		(Column 1)	~	JUII. FEE .		,	40011. I LL					
AMENDMENT B	·	CLAIMS REMAINING AFTER AMENDMENT		(Colum HIGHE NUMB PREVIO PAID F	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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Щ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
								TOTAL DIT. FEE		OR ,	TOTAL ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)	• •					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA			ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
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	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145=									OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										L	TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												